

FILED

5/16/2016

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Stephen Knox

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

% Anthony Squeo

% Drowns

% Vasquez

Dr. Ali

Unknown medical Staff

Cook County Jail

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

A. Name: Stephen L. Knox

B. List all aliases: Steven Knox

C. Prisoner identification number: M06047

D. Place of present confinement: Pontiac Correctional Center

E. Address: P.O. Box 99, Pontiac, IL 61764

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: Anthony Siquo
Title: Cook County Deputy / Correctional Officer
Place of Employment: Cook County Jail

B. Defendant: Drowns
Title: Cook County Deputy / Correctional Officer
Place of Employment: Cook County Jail

C. Defendant: Vasquez
Title: Cook County Deputy / Correctional Officer
Place of Employment: Cook County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

Defendant: Ali

Title: Doctor

Place of Employment: Cemak (Medical Unit)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: N/A

B. Approximate date of filing lawsuit: N/A

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A

D. List all defendants: N/A

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A

F. Name of judge to whom case was assigned: N/A

G. Basic claim made: N/A

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A

I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

1. On January 13, 2015, while housed in the RTU building, unit 3E, cell 10 within the Cook County Jail, I began urinating blood which was very painful.
2. I informed a white, female nurse (name unknown), who worked the 3-11pm shift, 5 days a week, of my dilemma, and she had me taken to Cermak, the health care unit within Cook County Jail.
3. At Cermak, I was seen by a female doctor I believed named Williamson, who had me urinate in a cup. She later informed me I had a urinary tract infection and prescribed me antibiotics.
4. The next day I was still urinating blood so the nurse previously mentioned sent me back to Cermak, where I saw a different doctor, who told me nothing was wrong. I was subsequently sent back to my housing unit.
5. A day or two later I began vomiting red stuff. There are cameras on housing unit 3E which captured me vomiting.
6. The same nurse previously mentioned witnessed me vomiting red stuff. She then took my vitals and saw that I had a temperature. I then sent back to Cermak for vomiting red stuff, a high temperature and bloody urine.
7. Due to having Lupus, I was confined to a wheelchair. When Med-Tech Dean was escorting me into the elevator I vomited again, which is caught on the

elevator's camera.

8. When I arrived at Cermak I was given a bag to vomit in and my vitals were taken again. I was subsequently seen by a doctor I believed named Ali.

9. After ^{looking at} ~~examining~~ me, Dr. Ali said that there was nothing wrong with me. I tried explaining my symptoms but he told the three officers nearby I was done.

10. When % Squeo grabbed my wheelchair and began rolling me out the examination room I grabbed the door frame, still trying to let Dr. Ali know I wasn't feeling well.

11. As I grabbed the door frame, % Drowns came over to assist % Squeo in getting me out the examination room. As they both struggled with me I vomited on them.

12. Upon being vomited on, % Drowns began beating me upon my head and face with his walkie-talkie, while % Squeo put me in a choke-hold.

13. % Drown's beating of me with the walkie-talkie opened a deep gash in my forehead and broke my nose; % Squeo's choke-hold prevented me from breathing and injured my neck.

14. As I was being beat and choked by % Drown and % Squeo, a third %, Vasquez, began punching and kicking me as I fell from ~~off~~ my wheelchair.

15. On the floor still being beat, punched and kicked, Dr. Ali kicked me in the jaw which broke one of my teeth, and other medical staff spit on me.

16. I was extremely blood so an EMT was called. While waiting on the EMT I was interviewed on camera by Sgt. Debacka with Sgt. Conley present.

17. Upon arriving at Cook County Hospital (Stronger) I was examined by medical staff which gave me several stitches in my forehead, a CAT-scan for my broken nose and a neck brace for my injured neck. ~~to more~~ Due to my in-

juries I was referred by Stroger's medical staff to see a nose and mouth specialist.

18. After being patched up, I was transported back to Cook County Jail. (Stayed in observation room for 24 hours before being transported back to the County.)
19. On a later date I was taken back to Stroger where I had surgery to repair my broken nose. I also had surgery to remove the broken tooth.
20. I subsequently wrote grievances pertaining to the abuse and unjustified brutality of C/p Drowns, % Squen, % Vasquez and Dr. Ali, and Several Unknown medical Staff.
21. I'm not 100% sure I spelled the names of the above-mentioned defendants right; therefore, upon learning their true and correct names I plan on amending this Complaint.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

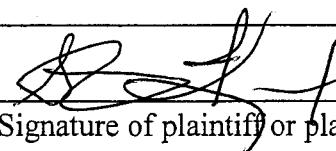
(A) For compensatory damages as determined by the trier of fact to adequately compensate the Plaintiff for the pain and suffering endured; (B) For punitive damages as determined by the trier of fact to punish each defendant against which they are rewarded, and to deter future similar acts; (C) For nominal damages in the maximum amount as allowed by law; (D) For reasonable attorney fees pursuant to 42 U.S.C 1988; (E) For an award of Plaintiff's cost of suit; and (F) For any other relief that the Court deems just.

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 23 day of 2016


(Signature of plaintiff or plaintiffs)

Stephen Knox
(Print name)

M06047
(I.D. Number)

Pontiac C. C.

P.O. Box 99

Pontiac, IL 61764
(Address)